



Application For Summer Reading Program Assistant
Albuquerque/Bernalillo County Libraries
Ages 12 - 18
(must be 12 at time application is turned in)
Level II Volunteer

Thank you for your decision to Make a Difference in our community by volunteering to be a Summer Assistant at the library.

City policy requires anyone who wishes to volunteer at the library to submit a Volunteer Application which includes your consent to the performance of a background investigation by the Albuquerque Police Department.

You will be notified when the background check is completed. Volunteer service may not begin until you have received this clearance. Thank you for your understanding and patience.

To maintain the security and confidentiality of your information, the Volunteer Application and the photocopy of your ID will be filed in a secure area of the Main Library. The Summer Assistant form will be kept on file at the branch where you are volunteering.

Instructions

1. Please fill out the city Volunteer Application completely, including your social security number. Any question that does not apply to you, please draw a line.
2. Sign and date the form. You may wish to retain a copy for your own records.
3. Fill out the Summer Assistant form.
4. When you bring in your applications, please bring a photo ID (like a school ID). We will make a photocopy of your ID to attach to your application. (If you do not have a school ID, please inform the librarian when you turn in your application.)
5. Bring the application to the Children's Librarian or the Manager at the library where you wish to volunteer.

If you have any questions, please contact the Children's Librarian or the Manager at the library where you would like to volunteer. Or you may contact the library's Volunteer Coordinator, Deanne Howland at (505) 768-5128.

Thank you for your cooperation in supporting the Mayor's efforts to provide a safe and secure environment in our public libraries.



Application For Summer Reading Program Assistant

Albuquerque/Bernalillo County Libraries

Ages 12 - 18

(must be 12 at time application is turned in)

Level II Volunteer

Branch _____



Please Print. Return form to staff at the branch where you would like to assist.

Today's Date: _____

Date of Birth: _____

Name: _____

Nickname: _____

Mailing Address: _____

City: _____

Zip Code: _____

Phone: _____ Email Address: _____

IN EMERGENCY NOTIFY: _____ **Phone:** _____

Interests/Hobbies/Special Skills

Days of week and time of day available to help

Dates not available

This form will be kept on file. You must also fill out the City Background Investigation Waiver and Liability Release Form.

Staff Use Only

Branch _____ Supervisor _____

City Waiver sent to Admin on _____ Approved _____

Orientation/Timesheet _____ Start Date _____

Schedule _____

**Make Waves
at Your Library
2010**



**ALBUQUERQUE POLICE DEPARTMENT
BACKGROUND INVESTIGATION
WAIVER AND LIABILITY RELEASE FORM**

Branch _____
Reg _____ RTD _____
SRP _____ TAB _____

Level II Volunteer

In consideration of the Agency, Albuquerque Police Department, processing my background for **Level II volunteering**, I, _____ hereby irrevocably agree to the following: Please Print Legal first name, middle name, last name

1. I understand that a thorough and complete background investigation will be conducted to determine my fitness and desirability as a candidate for Level II volunteering.
2. I understand that a background investigation is conducted by gathering and recording information about my past conduct and associations from any and all sources that the Agency, in its sole discretion, may deem appropriate, including: criminal or other governmental files and records, past and present employers, and any other source of information available.
3. I hereby release from liability and agree to hold harmless; under any and all possible causes of legal action, the City of Albuquerque, Bernalillo County, the Albuquerque Police Department Identification Unit, the Agency and any of its officers, agents or employees in conducting its background investigation.
4. I hereby release from liability and agree to hold harmless under any possible cause of legal action, any person or entity which furnishes information or opinions to the Agency as a part of my background investigation.
5. I authorize any person or entity contacted by the Agency during the course of my background investigation to furnish any information or opinions such person or entity may have regarding myself, my conduct or associations, and I waive any statutory or other privilege I may have as to such disclosure.
6. Due to the needed confidentiality of sources and information in conducting a background investigation, I agree that the results of the background investigation are confidential as is determined to be necessary by the Agency.

This release applies to any cause of action of any nature that might accrue to me.

_____ Signature of Applicant	_____ Date	_____ Date of Birth	_____ Social Security #
_____ Street and Mailing Address		_____ Driver's License # (attach copy)	_____ Phone Number
_____ City/Town	_____ State	_____ Zip	_____ Former Name/Aliases

Parent or Legal Guardian's signature required if volunteer is under eighteen (18) years of age.

Parent or Guardian Signature

Date